

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90199 036 ***150.00

4002400J




02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1687899	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # P03000023055
1. Entity Name
RED LANTERN, INC.



Principal Place of Business 8221 GLADES RD STE C, 5 & 6 BOCA RATON, FL 33434	Mailing Address 8221 GLADES RD STE C, 5 & 6 BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHENG, SUI FAI
12688 BUCKLAND STREET
WELLINGTON, FL 33414

*12355 Cascades Pointe
DR
Boca Raton, FL 33428*

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHENG, SUI FAI 12688 BUCKLAND STREET WELLINGTON, FL 33414 <i>12355 Cascades Pointe DR Boca Raton, FL 33428</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAN, SHI YU 12688 BUCKLAND STREET WELLINGTON, FL 33414 <i>12355 Cascades Pointe DR Boca Raton, FL 33428</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shi Yu Chan* *2/20/05* *(61) 282 8817*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #